REMARKS

By this Preliminary Amendment, the specification has been amended, the abstract has been replaced, claim 1 has been cancelled and new claims 27-56 have been added. Applicants request that the examiner grant a personal interview to discuss the pending claims.

New claims 27 and 28 are supported by the original specification. See, e.g., page 3, lines 2-3. New claims 29-42 correspond to claims 1-14 of the parent application, which were rejected under 35 U.S.C. §§102(b), 103(a) over U.S. Patent No. 4,846,166 to Willeke (hereinafter "*Willeke*"). This rejection, as it may apply to claims 29-42, is respectfully traversed.

Claims 29 and 35 recite a method including determining a percentile pressure of a previous ventilatory assistance session to be said test pressure (claim 29) or to be applied as a test pressure (claim 35). *Willeke* does not teach the subject matter. *Willeke* states that the initial test pressure P_1 should be larger than 1 cm H_2Oat time t_1, preferably between 5 and 10 cm H_2O. Col. 10, line 67- Col. 11, line 1. Applicants respectfully submit that the "initial" pressure appears to correspond to a pressure which the wearer or worker creates during inhaling. Thus, the initial pressure is not based on a previous ventilatory assistance session, as claimed. Moreover, *Willeke* does not teach or suggest a method for determining a mask-fit positive test pressure as set forth in new claims 43-56.

Attached hereto is a marked-up version of the changes made to the specification and claims by the current amendment. The attached Appendix is captioned **"Version with markings to show changes made"**.

All objections and rejections having been addressed, it is respectfully submitted that the present application is in a condition for allowance and a Notice to that effect is earnestly solicited.

Respectfully submitted,

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APPENDIX

VERSION WITH MARKINGS TO SHOW CHANGES MADE

IN THE SPECIFICATION:

The specification is changed as follows:

Page 1, line 1, please insert the following new paragraph

--CROSS REFERENCE TO RELATED APPLICATION

This application is a Divisional of U.S. Application No. 09/469,954, filed December 21, 1999, the specification of which is incorporated by reference for all purposes.--

Please replace the paragraph appearing on page 7, lines 4-9 as follows:

During the Mask-Fit mode, the microcontroller 38 continuously determines mask leak as the value, f_{LEAK}, as described above, comparing this to a threshold, typically of 0.2 l/s, and providing the patient with a visual indication 44 of degree of leak. This threshold represents the 'no leak' degree. In this way the patient can manipulate the mask to ensure correct fitting as indicated by the appropriate message.

IN THE CLAIMS:

Claim 1 is cancelled. New claims 27-56 are added.

IN THE ABSTRACT OF THE DISCLOSURE:

The abstract is changed as follows:

ABSTRACT OF THE DISCLOSURE

A CPAP treatment apparatus **[(10)]**, as one form of positive pressure ventilatory assistance, **[is disclosed. A]** includes a turbine/blower **[(14)]**, operated by a mechanically coupled electrical motor, **[(16) that]** receives air or breathable gas at an inlet **[(18)]** thereof, and supplies the breathable gas at a delivery pressure to a delivery tube/hose **[(20]** having a connection at the other end thereof with a nose mask **[(12)]**. A microcontroller **[(38)]** has an operational "Mask-Fit" mode. An initial constant pressure level is applied by the blower **[(14)]** to the mask **[(12)]**. If the functional mode is a **[Manual]** manual mode, then the mask-fit test pressure is the current 'set' pressure. If the functional mode is the automatic titration mode, the mask-fit test pressure is the 95th percentile pressure of the previous session, otherwise it is the base treatment pressure, e.g. 10-12 cm H_2O. This constant pressure is applied for a period of time, typically 1-3 minutes. The microcontroller **[(38)]** continuously determines mask leak as the value, f_{LEAK}, from a flow sensor **[(32)]**, comparing this to a threshold, and providing the patent with a visual indication of degree of leak. In this way the patient can manipulate the mask to ensure correct fitting as indicated by the appropriate message or indication.